

Long Term Care Program Options in non-Milwaukee Family Care Counties (Fond du Lac, La Crosse, Portage, Richland)

March 2006

| 1. Program Description | Full Program Name | State Statutory Authority | Target Population | Entitlement (Y/N) ? | Statewide or Limited Site(s)? | Consumer Entry Point(s) | Program Summary |
|---|-----------------------------------|----------------------------------|--|----------------------------|--|---|---|
| <i>Non-Institutional Medicaid (Medicaid Fee-for-Service or Card Services)</i> | Medicaid Fee-for-Service Benefits | S. 49.46 | Elderly (65 or older), Blind or Disabled. | Yes | Statewide | For enrollment: County Human Service Departments, County outreach centers, tribal agencies, Aging and Disability Resource Centers where available, or automatic coverage for anyone who receives cash assistance under SSI. Services are provided by Medicaid-certified providers. | Medicaid covers medically necessary acute and long-term care services. Federal regulations define the specific services provided. Beyond the federally required services, Wisconsin covers "optional" services allowed by federal law. Wisconsin Medicaid service coverage is extensive. For Medicaid-eligible people enrolled in Family Care, Medicaid long-term care services are provided through the Family Care benefit only. Acute and primary care services are provided by Medicaid. For a list of Medicaid services in the Family Care benefit package see Section 5 of this chart – Allowable Services and Living Arrangements. |
| <i>Family Care (Medicaid)</i> | Family Care | s.46.2805 through s.46.2895 | Frail elderly; physically and developmentally disabled adults age 18 or older. | Yes | Available in Fond du Lac, La Crosse, Portage and Richland counties (for Milwaukee County, see Milwaukee County's chart). | Aging and Disability Resource Center | A Medicaid funded (state and federal) program designed to provide long-term care assessments, care plans and services (community and institutionally-based) to functionally and financially eligible disabled adults and elderly persons. Organizations receive a per member per month payment to provide long-term care and some health-related services. |
| <i>Institutional Medicaid</i> | Institutional Medicaid | s. 49.498 | Elderly (65 or older), Blind or Disabled, with significant needs that cannot be addressed in a home setting. | Yes | Statewide | DSS, DHS | Medicaid-funded benefits for people residing in medical institutions (nursing home, hospitals, etc.) for 30 days or more. Benefits include acute, primary and long-term care services. |

| 2. Administration | Local | State | Federal |
|---|---|--------------|---------------------------------------|
| <i>Non-Institutional Medicaid (Medicaid Fee-for-Service or Card Services)</i> | County human services and tribal agencies provide eligibility determination under State direction. Medicaid coverage is automatic for anyone who receives cash assistance under SSI. LTC benefits are provided by local providers. | * DHCF | *CMS (formerly HCFA) |
| <i>Family Care (Medicaid)</i> | Aging and Disability Resource Centers and Care Management Organizations | *DDES | *CMS (formerly Health Care Financing) |
| <i>Institutional Medicaid</i> | Private For-Profit, Private Non-Profit and Government | DHCF | CMS |

* DHCF = Division of Health Care Financing

* CMS = Center for Medicare and Medicaid Services

* DDES = Division of Disability and Elder Services

| 3. Funding & Reimbursement | Primary Funding Source | Secondary Funding Source(s) | Fee-for-Service or Capitated Rate | Can Recipient of Services under this Program receive LTC Funded through other programs listed here? |
|---|---|--|--|---|
| <i>Non-Institutional Medicaid (Medicaid Fee-for-Service or Card Services)</i> | Approximately 60% federal funding. Approximately 40% State funding. | Medicaid coordinates benefits with private health insurance and Medicare, since Medicaid is secondary to those payers. | Fee-for-service | Yes. Recipients may receive fee-for-service Medicaid benefits and also participate in the home and community based waivers. The waivers "wrap around" Medicaid services. Recipients cannot receive fee-for-service long-term care benefits if enrolled in a managed care initiative, such as Family Care and Partnership. |
| <i>Family Care (Medicaid)</i> | Medicaid | | Capitated | No. Persons enrolled in Family Care receive all LTC services through that program. Medicaid eligibility can be through MAPP or BadgerCare as long as person is in Family Care target group and is functionally eligible. |
| <i>Institutional Medicaid</i> | Medicaid | None | Fee-for-service | No. |

| 4. Eligibility | Non-financial eligibility | Functional eligibility | Cost sharing? | Spend down? | Asset Limit | State Approval of care plan required? |
|---|-------------------------------------|--|--|--|--|---|
| <i>Non-Institutional Medicaid (Medicaid Fee-for-Service Medicaid or card services.)</i> | Yes, based on federal requirements. | Not for overall eligibility or delivery of most services. All services must be medically necessary. | Medicaid co-payments on most, but not all, services. Copays do not apply to children under 18 years old, and nursing home residents. | For people who do not currently meet the financial eligibility requirements, Medicaid has a deductible (spend down) determined on a six-month basis. Potential eligibles can meet the deductible through prepay, incurring medical expenses or having unpaid medical bills not previously used to meet a Medicaid deductible. | There is no asset limit for "family Medicaid." SSI-related Medicaid has an asset limit of \$2,000 for a single person, and \$3,000 for a couple. | Not for overall eligibility or delivery of some services. Some services require prior authorization that includes review of the plan of care. |
| <i>Family Care (Medicaid)</i> | Medicaid non-financial eligibility | Determined by long-term care functional screen: Nursing Home level of care, Comprehensive, Intermediate. | Yes, if monthly income minus deductions is above \$783 but at or below \$1809. | Yes, if gross monthly income is greater than \$1809 and gross monthly income minus the following monthly expenses is less than or equal to \$591.67: <ul style="list-style-type: none"> • Work related expenses • Health insurance premiums • Court Ordered fees and • Medical remedial expenses | \$2000—If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000). | No. |
| <i>Institutional Medicaid</i> | Medicaid non-financial eligibility | Level of Care = Developmentally Disabled -1, 2, or 3 Intermediate Care Facility-1, 2, Skilled Nursing Home or Intensive Skilled Nursing as determined by Bureau of Quality Assurance. | Yes, after certain allowances for certain expenses, e.g. health insurance premiums, support obligation, personal needs allowance, etc. | No. | \$2000—If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000). | No. |

| 5. Allowable Services / Living Arrangements | Allowable Services | Allowable Living Arrangements |
|--|--|--|
| Non-Institutional Medicaid (Medicaid Fee-for-Service or card services) | All Medicaid acute and primary care services. The long term care services that are covered by Family Care and listed below are not covered under the card for Family Care enrollees. | Enrollment in Medicaid card services is not dependent on living arrangement. However, some services are not separately reimbursed if the service is included in an institutional rate. |
| Family Care Benefit PACKAGE | <p>The list can be found at: http://dhfs.wisconsin.gov/Medicaid2/handbooks/familycare/appendix4.htm Case Management provided by case management agencies.</p> <ul style="list-style-type: none"> • Home Care Services provided by home health agencies, personal care agencies, independent nurses, and respiratory therapists. <ul style="list-style-type: none"> - Home health aide services. - Personal care. - Skilled nursing (including independent nursing services). <ul style="list-style-type: none"> ■ Intermittent (less than eight hours per day). ■ Private duty nursing (eight or more hours per day). ■ Respiratory care. - Occupational and physical therapy, and speech and language Pathology services (refer to therapy services). • Mental Health/Substance Abuse and Related Services provided by mental health providers, day treatment programs, community support programs. <ul style="list-style-type: none"> - Mental health and substance abuse services. <ul style="list-style-type: none"> ■ Except those services provided by a physician. ■ Except those services provided in an inpatient hospital setting. - Day treatment (mental health and substance abuse) in all settings. - Child/adolescent mental health day treatment. - Community Support Program services. <ul style="list-style-type: none"> ■ Except when provided by a physician. ■ Except non-psychiatric medication and treatment services. ■ In-home intensive psychotherapy. ■ In-home autism treatment. • Nursing Facilities – all nursing facility stays (including Intermediate Care Facility for People with Mental Retardation and Institution of Mental Disease). <ul style="list-style-type: none"> ■ Except lab and radiology ancillary services. ■ Except NF services are not available for persons at the intermediate LOC. • Supplies and Equipment provided by any provider. <ul style="list-style-type: none"> - Disposable Supplies <ul style="list-style-type: none"> ■ Except supplies used in a hospital or physician clinic, including enteral nutritional products. - Durable medical equipment (DME) purchased or rented in all settings. <ul style="list-style-type: none"> ■ Except for hearing aids, hearing aid accessories, hearing aid batteries, and assistive listening devices. ■ Except for prosthetics. - Orthotics (purchase and repair). • Therapy Services provided by therapy and speech and language providers. <ul style="list-style-type: none"> - Occupational therapy. <ul style="list-style-type: none"> ■ Except those services provided by physicians in clinic settings. ■ Except those services provided in an inpatient hospital setting. - Physical therapy. <ul style="list-style-type: none"> ■ Except those services provided by physicians in clinic settings. ■ Except those services provided in an inpatient hospital setting. - Speech and language pathology services. <ul style="list-style-type: none"> ■ Except those services provided by physicians in clinic settings. ■ Except those services provided in an inpatient hospital setting. • Transportation provided by specialized medical vehicle providers. • Individualized home and community-based waiver services. The Family Care benefit package includes all services available in the Medicaid Home and Community Based Waivers and Medicaid nursing home and long-term care “card” services such as home health and personal care. In addition, Family Care CMOs can opt to provide other services if they are effective in achieving members’ outcomes. See Long Term Options in Fond du Lac, La Crosse, Portage and Richland, Section 5, for a listing of the Family Care Benefit Package, and also: http://dhfs.wisconsin.gov/Medicaid2/handbooks/familycare/appendix4.htm | <p>In addition to natural residential settings (own home or apartment), individuals may reside in other appropriate settings, such as: Community Based Residential Facilities (CBRFs): there are no size limits for elderly and persons with physical disabilities.</p> <ul style="list-style-type: none"> • Developmentally disabled adults may be served in CBRFs of 4 beds or less (up to 8 beds with a variance), • Certified Residential Care Apartment Complexes (RCACs), • Nursing Homes, • Intermediate Care Facilities for Mental Retardation (ICF/MR), • Extended care facilities. |
| Institutional Medicaid | All Medicaid covered services. | <ul style="list-style-type: none"> • Nursing Homes • Intermediate Care Facilities for Mental Retardation (ICF/MR) • Hospitals |